PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

101:0386

(Column 1) (Column 2)								SMALL E! TYPE	VIITY	OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			23			···· =,	-	RATE	FEE	1	RATE	FEE
FOR				NUMBER FILED		BER EXTRA		BASIC FEE	ł	OR	BASIC FEE	
TC	OTAL CHARGEA	ABLE CLAIMS	23 min		 	<u> </u>		X\$ 9=		OR	X\$18=	
INE	DEPENDENT C	LAIMS	\(\text{minus 3 = } \)		*	*		X43= .	 	1	You	54
L		NDENT CLAIM PE		٠				A45= .		OR	X86=	8 £
<u> </u>		, 1						+145=		OR	+290=	
* †		e in column 1 is l				olumn 2		TOTAL		OR	TOTAL	916
CLAIMS AS AMENDED - PART II								044111	~-!TITV	O D	OTHER	
	T	(Column 1)		(Column 2)		(Column 3)		SMALL		OR 1	SMALL E	
AMENDMENT A		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***		=		X43=		OR	X86=	
Ù	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=	
		•					L	TOTAL		ا _ ا	TOTAL	
		(Column 1)		(Colum	mn 2)	(Column 3)	A	ADDIT. FEE		٠ <i>,</i>	ADDIT. FEE	
		CLAIMS		HIGH	EST		r	<u> </u>	ADDI-			ADDI-
AMENDMENT B		REMAINING AFTER AMENDMENT		PREVIO PAID F	DUSLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
NON	Total	*	Minus	**	i	=	[X\$ 9=	-	OR	X\$18=	
AME	Independent	*	Minus	***		=		X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=	
							L	TOTAL			TOTAL	
					•		A	DDIT. FEE		OR ,	ADDIT. FEE	
	r .	(Column 1)	T	(Colum		(Column 3)				. ,		
AMENDMENT C		REMAINING AFTER AMENDMENT	·	NUMB PREVIO PAID F	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***		=		X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							.145		İ	. 220-	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+290= TOTAL	
**	If the "Highest Nur	mber Previously Pai mber Previously Pa	aid For IN THIS	S SPACE is	s less than	n 20, enter "20."	, Al	DDIT. FEE		OR ,	ADDIT. FEE	
		nber Previously Paid					r four	nd in the app	ropriate box	in coli	umn 1.	